

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521738

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3						
4		3				
5		1				
6		3				
7		3				
8		3				
9		3				
10		1				
11	/					
12	/					
13		2				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20	/					
21	/					
22		2				
23		1				
24		1				
25		1				
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28		1				
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30		1				
31		1				
32		1				
33	/					
34		1				
35		2				
36	/		1		1	
37	/					
38		2				
39	/					
40		1				
41		2				
42						
43						
44						
45			1			
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						